

PLEASE NOTE:  
YOU MUST  
COMPLETE THE  
FOLLOWING: ↓

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title: →

PROCESS FOR PRODUCING IMMUNOGLOBULINS FOR INTRAVENOUS  
ADMINISTRATION AND OTHER IMMUNOGLOBULIN PRODUCTS

Fill in Appropriate  
Information —

For Use →

Without

Specification

Attached:

the specification of which is attached hereto. If not attached hereto,

the specification was filed on June 9, 1999 as  
United States Application Number 09/328,497;  
and amended on \_\_\_\_\_ (if applicable); and/or  
the specification was filed on \_\_\_\_\_ as PCT  
International Application Number \_\_\_\_\_; and was  
amended under PCT Article 19 on \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

### Prior Foreign Application(s)

### Priority Claimed

Insert Priority  
Information: →  
(if appropriate)

<u>98201909.3</u> (Number)	<u>Europe</u> (Country)	<u>6/9/1998</u> (Month / Day / Year Filed)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Month / Day / Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Month / Day / Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Month / Day / Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Insert Provisional  
Application(s): →  
(if any)

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

_____ (Application Number)	_____ (Filing Date)
_____ (Application Number)	_____ (Filing Date)

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:

Insert Requested  
Information: →  
(if appropriate)

Country	Application Number	Date of Filing (Month / Day / Year)
_____	_____	_____
_____	_____	_____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Insert Prior U.S.  
Application(s): →  
(if any)

<u>60/102,055</u> (Application Number)	<u>September 28, 1998</u> (Filing Date)	_____ (Status — patented, pending, abandoned)
_____ (Application Number)	_____ (Filing Date)	_____ (Status — patented, pending, abandoned)

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business with the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

Raymond C. Stewart	(Reg. No. 21,066)	Terrell C. Birch	(Reg. No. 19,382)
Joseph A. Kolasch	(Reg. No. 22,463)	James M. Slattery	(Reg. No. 28,380)
Bernard L. Sweeney	(Reg. No. 24,448)	Michael K. Mutter	(Reg. No. 29,680)
Charles Gorenstein	(Reg. No. 29,271)	Gerald M. Murphy, Jr.	(Reg. No. 28,977)
Leonard R. Svensson	(Reg. No. 30,330)	Terry L. Clark	(Reg. No. 32,644)
Andrew D. Meikle	(Reg. No. 32,868)	Marc S. Weiner	(Reg. No. 32,181)
Joe McKinney Muncy	(Reg. No. 32,334)	C. Joseph Faraci	(Reg. No. 32,350)
Donald J. Daley	(Reg. No. 34,313)	John W. Bailey	(Reg. No. 32,881)
John A. Castellano	(Reg. No. 35,094)		

Send Correspondence to: **BIRCH, STEWART, KOLASCH & BIRCH, LLP**  
P.O. Box 747 • Falls Church, Virginia 22040-0747  
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

**PLEASE NOTE:  
YOU MUST  
COMPLETE  
THE  
FOLLOWING:**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or  
Sole Inventor:  
Insert Name of  
Inventor →  
Insert Date This  
Document is Signed

Insert Residence  
Insert Citizenship →

Insert Post Office  
Address →

Full Name of Second  
Inventor, if any:  
see above

Full Name of Third  
Inventor, if any:  
see above

Full Name of Fourth  
Inventor, if any:  
see above

Full Name of Fifth  
Inventor, if any:  
see above

GIVEN NAME		FAMILY NAME		INVENTOR'S SIGNATURE		DATE*	
Inga		LAURSEN		<i>Inga Laursen</i>		19/7/99	
Residence (City, State & Country)						CITIZENSHIP	
Hellerup						Danish	
POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
Charlottenlundvej 9, 1.tv., DK-2900 Hellerup Denamrk							
GIVEN NAME		FAMILY NAME		INVENTOR'S SIGNATURE		DATE*	
Børge		TEISNER		<i>B. Teisner</i>		2/7/99	
Residence (City, State & Country)						CITIZENSHIP	
Odense C						Danish	
POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
Vestergade 93, 2, DK-5000 Odense C Denmark							
GIVEN NAME		FAMILY NAME		INVENTOR'S SIGNATURE		DATE*	
Residence (City, State & Country)						CITIZENSHIP	
POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
GIVEN NAME		FAMILY NAME		INVENTOR'S SIGNATURE		DATE*	
Residence (City, State & Country)						CITIZENSHIP	
POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
GIVEN NAME		FAMILY NAME		INVENTOR'S SIGNATURE		DATE*	
Residence (City, State & Country)						CITIZENSHIP	
POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							